

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

ADDRESS (number and street) 1319 LOCUST STREET

Check if different than previously reported. (ACC) PHILA PA 19107

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00034066

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on [ ] / [ ] / [ ] in the State of [ ]

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period 07 / 01 / 2023 through 12 / 31 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer [Signature] Date [ ] / [ ] / [ ]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

NON-CONFIDENTIAL

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2018)

Page 2

Write or Type Committee Name

**DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		<input type="text" value="17212.17"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="20586.07"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="232388.60"/>	<input type="text" value="235273.75"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="252974.67"/>	<input type="text" value="252485.92"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="228731.30"/>	<input type="text" value="228242.55"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="24243.37"/>	<input type="text" value="24243.37"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="121866.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

11-10-2018 10:00 AM

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2018)

Page 3

Write or Type Committee Name

**DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	7457.30	10342.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7457.30	10342.45
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	7457.30	10342.45
12. Transfers From Affiliated/Other Party Committees.....	15000.00	15000.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	209931.30	209931.30
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	232388.60	235273.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	232388.60	235273.75

NON-FEDERAL LEVIN FUNDS

**DETAILED SUMMARY PAGE**  
of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share .....	0.00	0.00
(b) Other Federal Operating Expenditures .....	227731.30	229047.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	227731.30	229047.55
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	0.00	0.00
26. Loan Repayments Made .....	0.00	0.00
27. Loans Made .....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations) .....	1000.00	- 805.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	228731.30	228242.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	228731.30	228242.55

UNFINISHED BUSINESS

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7457.30	10342.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7457.30	10342.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	227731.30	228047.55
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	227731.30	228047.55

NON-FEDERAL DISBURSEMENTS

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 26
	(check only one)
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16
<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES</b>		Date of Receipt 10 / 16 / 2023
Mailing Address 1625 L STREET NW		Transaction ID : SA12.4697
City WASHINGTON	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15000.00
Name of Employer (for Individual)		<input type="checkbox"/> Memo Item
Occupation (for Individual)		AFSCME DEPOSIT FOR GOTV
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B.</b>		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer (for Individual)		<input type="checkbox"/> Memo Item
Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer (for Individual)		<input type="checkbox"/> Memo Item
Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	15000.00

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**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 26	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES</b>		Date of Receipt MM / DD / YYYY 11 / 24 / 2023
Mailing Address 1625 L STREET NW		Transaction ID : SA17.4599
City WASHINGTON	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 209931.30
Name of Employer (for Individual)		<input type="checkbox"/> Memo Item
Occupation (for Individual)		DEPOSITED IN ERROR BY AFSCME/TRANSFERRED 12/6/2023 TO CORRECT BANK ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224931.30	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Transaction ID : SA17.4599
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer (for Individual)		<input type="checkbox"/> Memo Item
Occupation (for Individual)		DEPOSITED IN ERROR BY AFSCME/TRANSFERRED 12/6/2023 TO CORRECT BANK ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Transaction ID : SA17.4599
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer (for Individual)		<input type="checkbox"/> Memo Item
Occupation (for Individual)		DEPOSITED IN ERROR BY AFSCME/TRANSFERRED 12/6/2023 TO CORRECT BANK ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	209931.30
TOTAL This Period (last page this line number only).....▶	209931.30

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. ARMOUR, JANET, , ,

Date of Disbursement

MM	DD	YYYY
11	08	2023

Mailing Address 7641 OVERBROOK AVENUE

City PHILADELPHIA State PA Zip Code 19151

FEC Identification Number

C	XXXXXXXXXXXX
---	--------------

Purpose of Disbursement

GOTV CANVASSING

Transaction ID : SB21B.4664

Candidate Name

Category/Type
---------------

Amount of Each Disbursement this Period

Amount
300.00

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. ARMOUR, JANET, , ,

Date of Disbursement

MM	DD	YYYY
11	16	2023

Mailing Address 7641 OVERBROOK AVENUE

City PHILADELPHIA State PA Zip Code 19151

FEC Identification Number

C	XXXXXXXXXXXX
---	--------------

Purpose of Disbursement

GOTV CANVASSING

Transaction ID : SB21B.4678

Candidate Name

Category/Type
---------------

Amount of Each Disbursement this Period

Amount
100.00

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. BENNETT, SHEILA, , ,

Date of Disbursement

MM	DD	YYYY
11	01	2023

Mailing Address 5058 COPLEY ROAD

City PHILADELPHIA State PA Zip Code 19144

FEC Identification Number

C	XXXXXXXXXXXX
---	--------------

Purpose of Disbursement

GOTV CANVASSING

Transaction ID : SB21B.4656

Candidate Name

Category/Type
---------------

Amount of Each Disbursement this Period

Amount
200.00

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

Amount
800.00

TOTAL This Period (last page this line number only).....▶

Amount

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 9 OF 26
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	
	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
**DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND**

<b>A. BENNETT, SHEILA, , ,</b> Full Name (Last, First, Middle Initial) Mailing Address 5058 COPLEY ROAD			Date of Disbursement MM / DD / YYYY 11 / 08 / 2023		
City PHILADELPHIA State PA Zip Code 19144		FEC Identification Number C Transaction ID : SB21B.4674 Amount of Each Disbursement this Period 400.00			
Purpose of Disbursement GOTV CANVASSING Candidate Name		Category/Type	Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>B. CHESTNUT, SHARON, , ,</b> Full Name (Last, First, Middle Initial) Mailing Address 4112 N. SYDENHAM STREET			Date of Disbursement MM / DD / YYYY 11 / 01 / 2023		
City PHILADELPHIA State PA Zip Code 19140		FEC Identification Number C Transaction ID : SB21B.4654 Amount of Each Disbursement this Period 75.00			
Purpose of Disbursement GOTV CANVASSING Candidate Name		Category/Type	Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>C. CRAWFORD, MARGO, , ,</b> Full Name (Last, First, Middle Initial) Mailing Address 155 GODFREY AVENUE E 104			Date of Disbursement MM / DD / YYYY 11 / 01 / 2023		
City PHILADELPHIA State PA Zip Code 19120		FEC Identification Number C Transaction ID : SB21B.4647 Amount of Each Disbursement this Period 300.00			
Purpose of Disbursement GOTV CANVASSING Candidate Name		Category/Type	Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>SUBTOTAL of Disbursements This Page (optional)</b> .....▶			775.00		
<b>TOTAL This Period (last page this line number only)</b> .....▶			[Empty]		

DONOR: DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 10 OF 26
	<input checked="" type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
**DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial) <b>A. CRAWFORD, MARGO, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 10 / 2023
Mailing Address 155 GODFREY AVENUE E 104		FEC Identification Number C Transaction ID : SB21B.4877 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item
City PHILADELPHIA	State PA	
Purpose of Disbursement GOTV CANVASSING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. DISTRICT 1199C GENERAL FUND, , , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 06 / 2023
Mailing Address 1319 LOCUST STREET		FEC Identification Number C Transaction ID : SB21B.4698 Amount of Each Disbursement this Period 209931.30 <input type="checkbox"/> Memo Item
City PHILADELPHIA	State PA	
Purpose of Disbursement TRANSFER TO GENERAL FUND/AFSCME DEPOSIT IN ERROR		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. HAMEED, KATRINA, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2023
Mailing Address 1446 W. CHEW AVENUE		FEC Identification Number C Transaction ID : SB21B.4630 Amount of Each Disbursement this Period 625.00 <input type="checkbox"/> Memo Item
City PHILADELPHIA	State PA	
Purpose of Disbursement GOTV CANVASSING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	211056.30
TOTAL This Period (last page this line number only).....▶	

FORMING LINE 1199C

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

**A. HAMEED, KATRINA, , ,**

Mailing Address 1446 W. CHEW AVENUE

City PHILADELPHIA State PA Zip Code 19141

Purpose of Disbursement  
GOTV CANVASSING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4644  
Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HAMEED, KATRINA, , ,**

Mailing Address 1446 W. CHEW AVENUE

City PHILADELPHIA State PA Zip Code 19141

Purpose of Disbursement  
GOTV CANVASSING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4666  
Amount of Each Disbursement this Period

[REDACTED] 1025.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HARPER, DENISE, , ,**

Mailing Address 1412 N 18TH STREET

City PHILADELPHIA State PA Zip Code 19121

Purpose of Disbursement  
GOTV CANVASSING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4692  
Amount of Each Disbursement this Period

[REDACTED] 300.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

[REDACTED] 1825.00

TOTAL This Period (last page this line number only).....▶

[REDACTED]

NONPROFIT INCORPORATED

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

21b  
28a     22  
28b     23  
28c     26  
29     27  
30b

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NAME OF COMMITTEE (In Full)  
**DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND**

<p><b>A. HARPER, DENISE, , ,</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1412 N 18TH STREET</p> <p>City PHILADELPHIA    State PA    Zip Code 19121</p> <p>Purpose of Disbursement GOTV CANVASSING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House    <input type="checkbox"/> Senate    <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary    <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State:    District:</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 11 / 08 / 2023</p> <p>FEC Identification Number</p> <p>C [ ] Transaction ID : SB21B.4660</p> <p>Amount of Each Disbursement this Period</p> <p>[ ] 325.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p><b>B. HENDERSON, MABLE, , ,</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4611 N. 19TH STREET</p> <p>City PHILADELPHIA    State PA    Zip Code 19141</p> <p>Purpose of Disbursement GOTV CANVASSING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House    <input type="checkbox"/> Senate    <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary    <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State:    District:</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 11 / 08 / 2023</p> <p>FEC Identification Number</p> <p>C [ ] Transaction ID : SB21B.4667</p> <p>Amount of Each Disbursement this Period</p> <p>[ ] 300.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p><b>C. HENDERSON, MABLE, , ,</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4611 N. 19TH STREET</p> <p>City PHILADELPHIA    State PA    Zip Code 19141</p> <p>Purpose of Disbursement GOTV CANVASSING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House    <input type="checkbox"/> Senate    <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary    <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State:    District:</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY 11 / 16 / 2023</p> <p>FEC Identification Number</p> <p>C [ ] Transaction ID : SB21B.4679</p> <p>Amount of Each Disbursement this Period</p> <p>[ ] 100.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p><b>SUBTOTAL of Disbursements This Page (optional).....▶</b></p>		<p>[ ] 725.00</p>
<p><b>TOTAL This Period (last page this line number only).....▶</b></p>		<p>[ ]</p>

UNCONFIDENTIAL

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

21b    22    23    26    27  
 28a    28b    28c    29    30b

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NAME OF COMMITTEE (In Full)

DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. HODGES, PEGGY, , ,

Date of Disbursement

11 / 01 / 2023

Mailing Address 1319 LOCUST STREET

FEC Identification Number

C [ ]  
Transaction ID : SB21B.4650

City PHILADELPHIA   State PA   Zip Code 19107

Purpose of Disbursement

GOTV CANVASSING

Category/  
Type

Amount of Each Disbursement this Period

[ ] 300.00

Candidate Name

Office Sought:  House    Senate    President  
 Disbursement For:  Primary    General    Other (specify) ▼

Memo Item

State:   District:

Full Name (Last, First, Middle Initial)

B. HODGES, PEGGY, , ,

Date of Disbursement

11 / 16 / 2023

Mailing Address 1319 LOCUST STREET

FEC Identification Number

C [ ]  
Transaction ID : SB21B.4681

City PHILADELPHIA   State PA   Zip Code 19107

Purpose of Disbursement

GOTV CANVASSING

Category/  
Type

Amount of Each Disbursement this Period

[ ] 100.00

Candidate Name

Office Sought:  House    Senate    President  
 Disbursement For:  Primary    General    Other (specify)

Memo Item

State:   District:

Full Name (Last, First, Middle Initial)

C. JACKSON, RICHARD, , ,

Date of Disbursement

10 / 18 / 2023

Mailing Address 6030 ANGORA TERRACE

FEC Identification Number

C [ ]  
Transaction ID : SB21B.4621

City PHILADELPHIA   State PA   Zip Code 19143

Purpose of Disbursement

GOTV CANVASSING

Category/  
Type

Amount of Each Disbursement this Period

[ ] 75.00

Candidate Name

Office Sought:  House    Senate    President  
 Disbursement For:  Primary    General    Other (specify) ▼

Memo Item

State:   District:

SUBTOTAL of Disbursements This Page (optional).....▶

[ ] 475.00

TOTAL This Period (last page this line number only).....▶

[ ]

NONCONFIDENTIAL

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

21b    22    23    28    27  
 28a    28b    28c    29    30b

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NAME OF COMMITTEE (In Full)

DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial) <b>A. JACKSON, RICHARD, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 25 / 2023		
Mailing Address 6030 ANGORA TERRACE			FEC Identification Number C [ ] Transaction ID : SB21B.4633 Amount of Each Disbursement this Period [ ] 75.00 <input type="checkbox"/> Memo Item		
City PHILADELPHIA	State PA	Zip Code 19143			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period [ ] 200.00 <input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. JONES, BRIANNA, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 18 / 2023		
Mailing Address 1319 LOCUST STREET			FEC Identification Number C [ ] Transaction ID : SB21B.4680 Amount of Each Disbursement this Period [ ] 400.00 <input type="checkbox"/> Memo Item		
City PHILADELPHIA	State PA	Zip Code 19107			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period [ ] 75.00 <input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. JONES, BRIANNA, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 25 / 2023		
Mailing Address 1319 LOCUST STREET			FEC Identification Number C [ ] Transaction ID : SB21B.4629 Amount of Each Disbursement this Period [ ] 675.00 <input type="checkbox"/> Memo Item		
City PHILADELPHIA	State PA	Zip Code 19107			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period [ ] 200.00 <input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional).....▶			[ ] 675.00		
TOTAL This Period (last page this line number only).....▶			[ ]		

UNION OF HOSPITAL & HEALTH CARE EMPLOYEES

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 26

21b    22    23    26    27  
 28a    28b    28c    29    30b

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NAME OF COMMITTEE (In Full)

DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

<p>Full Name (Last, First, Middle Initial) <b>A. JONES, BRIANNA, , ,</b></p>		<p>Date of Disbursement MM / DD / YYYY 11 / 01 / 2023</p>	
<p>Mailing Address 1319 LOCUST STREET</p>		<p>FEC Identification Number C [ ] Transaction ID : SB21B.4641 Amount of Each Disbursement this Period 400.00</p>	
<p>City PHILADELPHIA   State PA   Zip Code 19107</p>	<p>Purpose of Disbursement GOTV CANVASSING</p>	<p>Category/Type [ ]</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House   <input type="checkbox"/> Senate   <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State:   District:</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. JONES, BRIANNA, , ,</b></p>		<p>Date of Disbursement MM / DD / YYYY 11 / 21 / 2023</p>	
<p>Mailing Address 1319 LOCUST STREET</p>		<p>FEC Identification Number C [ ] Transaction ID : SB21B.4684 Amount of Each Disbursement this Period 600.00</p>	
<p>City PHILADELPHIA   State PA   Zip Code 19107</p>	<p>Purpose of Disbursement GOTV CANVASSING</p>	<p>Category/Type [ ]</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House   <input type="checkbox"/> Senate   <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State:   District:</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. LAWRENCE, MARK, , ,</b></p>		<p>Date of Disbursement MM / DD / YYYY 11 / 01 / 2023</p>	
<p>Mailing Address 1319 LOCUST STREET</p>		<p>FEC Identification Number C [ ] Transaction ID : SB21B.4648 Amount of Each Disbursement this Period 400.00</p>	
<p>City PHILADELPHIA   State PA   Zip Code 19107</p>	<p>Purpose of Disbursement GOTV CANVASSING</p>	<p>Category/Type [ ]</p>	
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House   <input type="checkbox"/> Senate   <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State:   District:</p>	<p><input type="checkbox"/> Memo Item</p>		
<p><b>SUBTOTAL</b> of Disbursements This Page (optional).....▶</p>		<p>1400.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>		<p>[ ]</p>	

2025 RELEASE UNDER E.O. 14176

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

21b    22    23    26    27  
 28a    28b    28c    29    30b

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NAME OF COMMITTEE (In Full)

DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. LAWRENCE, MARK, , ,

Mailing Address 1319 LOCUST STREET

City PHILADELPHIA   State PA   Zip Code 19107

Purpose of Disbursement

GOTV CANVASSING

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State:   District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2023

FEC Identification Number

C [ ]

Transaction ID : SB21B.4682

Amount of Each Disbursement this Period

[ ] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LEWIS, ANTOINETTE, , ,

Mailing Address 127 WEST CHESTER PIKE  
3RD FLOOR

City RIDLEY PARK   State PA   Zip Code 19078

Purpose of Disbursement

GOTV CANVASSING

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State:   District:

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2023

FEC Identification Number

C [ ]

Transaction ID : SB21B.4610

Amount of Each Disbursement this Period

[ ] 350.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LEWIS, ANTOINETTE, , ,

Mailing Address 127 WEST CHESTER PIKE  
3RD FLOOR

City RIDLEY PARK   State PA   Zip Code 19078

Purpose of Disbursement

GOTV CANVASSING

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State:   District:

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2023

FEC Identification Number

C [ ]

Transaction ID : SB21B.4626

Amount of Each Disbursement this Period

[ ] 200.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

[ ] 650.00

TOTAL This Period (last page this line number only).....▶

[ ]

NONDISCLOSURE INFORMATION



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

21b    22    23    26    27  
 28a    28b    28c    29    30b

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NAME OF COMMITTEE (In Full)

DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

<p>Full Name (Last, First, Middle Initial) <b>A. LEWIS, ANTOINETTE, , ,</b></p>		<p>Date of Disbursement 11 / 01 / 2023</p>	
<p>Mailing Address 127 WEST CHESTER PIKE 3RD FLOOR</p>		<p>FEC Identification Number C Transaction ID : SB21B.4640 Amount of Each Disbursement this Period 200.00</p>	
<p>City RIDLEY PARK   State PA   Zip Code 19078</p>	<p>Purpose of Disbursement GOTV CANVASSING</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House   <input type="checkbox"/> Senate   <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><input type="checkbox"/> Memo Item</p>	
<p>State:   District:</p>			
<p>Full Name (Last, First, Middle Initial) <b>B. LEWIS, ANTOINETTE, , ,</b></p>		<p>Date of Disbursement 11 / 08 / 2023</p>	
<p>Mailing Address 127 WEST CHESTER PIKE 3RD FLOOR</p>		<p>FEC Identification Number C Transaction ID : SB21B.4659 Amount of Each Disbursement this Period 600.00</p>	
<p>City RIDLEY PARK   State PA   Zip Code 19078</p>	<p>Purpose of Disbursement GOTV CANVASSING</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House   <input type="checkbox"/> Senate   <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p><input type="checkbox"/> Memo Item</p>	
<p>State:   District:</p>			
<p>Full Name (Last, First, Middle Initial) <b>C. O'NEILL, NORMAN, , ,</b></p>		<p>Date of Disbursement 08 / 07 / 2023</p>	
<p>Mailing Address 280 N. WYNCOMBE AVENUE APT 301</p>		<p>FEC Identification Number C Transaction ID : SB21B.4627 Amount of Each Disbursement this Period 225.00</p>	
<p>City LANSLOWNE   State PA   Zip Code 19050</p>	<p>Purpose of Disbursement GOTV CANVASSING</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House   <input type="checkbox"/> Senate   <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><input type="checkbox"/> Memo Item</p>	
<p>State:   District:</p>			
<p>SUBTOTAL of Disbursements This Page (optional).....▶</p>		<p>1025.00</p>	
<p>TOTAL This Period (last page this line number only).....▶</p>		<p></p>	

NON-FUNCTIONAL

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

21b    22    23    26    27  
 28a    28b    28c    29    30b

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NAME OF COMMITTEE (in Full)  
DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

**A. O'NEILL, NORMAN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 260 N. WYNCOMBE AVENUE  
APT 301

City LANSDOWNE   State PA   Zip Code 19050

Purpose of Disbursement  
GOTV CANVASSING

Candidate Name

Office Sought:  House    Senate    President

Disbursement For:  Primary    General    Other (specify) ▼

State:   District:

Date of Disbursement: 10 / 25 / 2023

FEC Identification Number: C  
Transaction ID: SB21B.4831  
Amount of Each Disbursement this Period: 100.00

Memo Item

**B. O'NEILL, NORMAN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 260 N. WYNCOMBE AVENUE  
APT 301

City LANSDOWNE   State PA   Zip Code 19050

Purpose of Disbursement  
GOTV CANVASSING

Candidate Name

Office Sought:  House    Senate    President

Disbursement For:  Primary    General    Other (specify)

State:   District:

Date of Disbursement: 11 / 01 / 2023

FEC Identification Number: C  
Transaction ID: SB21B.4649  
Amount of Each Disbursement this Period: 100.00

Memo Item

**C. O'NEILL, NORMAN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 260 N. WYNCOMBE AVENUE  
APT 301

City LANSDOWNE   State PA   Zip Code 19050

Purpose of Disbursement  
GOTV CANVASSING

Candidate Name

Office Sought:  House    Senate    President

Disbursement For:  Primary    General    Other (specify) ▼

State:   District:

Date of Disbursement: 11 / 08 / 2023

FEC Identification Number: C  
Transaction ID: SB21B.4671  
Amount of Each Disbursement this Period: 400.00

Memo Item

SUBTOTAL of Disbursements This Page (optional) ..... 600.00

TOTAL This Period (last page this line number only) .....

2025 RELEASE UNDER E.O. 14176

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

21b    22    23    26    27  
 28a    28b    28c    29    30b

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NAME OF COMMITTEE (In Full)

DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

**A. PALMER, RIZQ, , ,**

Mailing Address 2108 FANSHAWE STREET

City  
PHILADELPHIA

State  
PA

Zip Code  
19149

Purpose of Disbursement  
GOTV CANVASSING

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary    General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2023

FEC Identification Number

C [ ]

Transaction ID : SB21B.4622

Amount of Each Disbursement this Period

[ ] 350.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PALMER, RIZQ, , ,**

Mailing Address 2108 FANSHAWE STREET

City  
PHILADELPHIA

State  
PA

Zip Code  
19149

Purpose of Disbursement  
GOTV CANVASSING

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary    General  
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2023

FEC Identification Number

C [ ]

Transaction ID : 9B21B.4634

Amount of Each Disbursement this Period

[ ] 600.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PALMER, RIZQ, , ,**

Mailing Address 2108 FANSHAWE STREET

City  
PHILADELPHIA

State  
PA

Zip Code  
19149

Purpose of Disbursement  
GOTV CANVASSING

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary    General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2023

FEC Identification Number

C [ ]

Transaction ID : SB21B.4653

Amount of Each Disbursement this Period

[ ] 200.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

[ ] 1150.00

TOTAL This Period (last page this line number only).....▶

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. PALMER, RIZQ, , ,

Mailing Address 2108 FANSHAWE STREET

City PHILADELPHIA State PA Zip Code 19149

Purpose of Disbursement  
GOTV CANVASSING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4673

Amount of Each Disbursement this Period

[REDACTED] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PALMER, RIZQ, , ,

Mailing Address 2108 FANSHAWE STREET

City PHILADELPHIA State PA Zip Code 19149

Purpose of Disbursement  
GOTV CANVASSING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4687

Amount of Each Disbursement this Period

[REDACTED] 150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PARKER, SHAWN, , ,

Mailing Address 2109 FANSHAWE STREET

City PHILADELPHIA State PA Zip Code 19149

Purpose of Disbursement  
GOTV CANVASSING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4608

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

[REDACTED] 850.00

TOTAL This Period (last page this line number only).....▶

[REDACTED]

PHILADELPHIA INDEPENDENT

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 21 OF 26

21b     22     23     26     27  
 28a     28b     28c     29     30b

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NAME OF COMMITTEE (In Full)  
**DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND**

<p><b>A. PARKER, SHAWN, , ,</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2109 FANSHAWE STREET</p> <p>City PHILADELPHIA    State PA    Zip Code 19149</p> <p>Purpose of Disbursement GOTV CANVASSING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House    <input type="checkbox"/> Senate    <input type="checkbox"/> President                  Disbursement For: <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State:    District:</p>	<p>Date of Disbursement                  MM / DD / YYYY                  10 / 25 / 2023</p> <p>FEC Identification Number                  C [ ]                  Transaction ID : SB21B.4635                  Amount of Each Disbursement this Period                  [ ] 600.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p><b>B. PARKER, SHAWN, , ,</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2109 FANSHAWE STREET</p> <p>City PHILADELPHIA    State PA    Zip Code 19149</p> <p>Purpose of Disbursement GOTV CANVASSING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House    <input type="checkbox"/> Senate    <input type="checkbox"/> President                  Disbursement For: <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State:    District:</p>	<p>Date of Disbursement                  MM / DD / YYYY                  11 / 01 / 2023</p> <p>FEC Identification Number                  C [ ]                  Transaction ID : SB21B.4655                  Amount of Each Disbursement this Period                  [ ] 200.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p><b>C. PARKER, SHAWN, , ,</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2109 FANSHAWE STREET</p> <p>City PHILADELPHIA    State PA    Zip Code 19149</p> <p>Purpose of Disbursement GOTV CANVASSING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House    <input type="checkbox"/> Senate    <input type="checkbox"/> President                  Disbursement For: <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State:    District:</p>	<p>Date of Disbursement                  MM / DD / YYYY                  12 / 19 / 2023</p> <p>FEC Identification Number                  C [ ]                  Transaction ID : SB21B.4688                  Amount of Each Disbursement this Period                  [ ] 150.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p><b>SUBTOTAL of Disbursements This Page (optional).....▶</b></p> <p><b>TOTAL This Period (last page this line number only).....▶</b></p>		<p>[ ] 950.00</p> <p>[ ]</p>

NONPROFIT CORPORATION

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

21b     22     23     26     27  
 28a     28b     28c     29     30b

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NAME OF COMMITTEE (In Full)

DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. PAYNE, REGINALD, , ,

Mailing Address 2113 W. TIOGA STREET

City  
PHILADELPHIA

State  
PA

Zip Code  
19140

Purpose of Disbursement  
GOTV CANVASSING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary     General  
 Other (specify) ▼

State:      District:

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4632  
Amount of Each Disbursement this Period

600.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PAYNE, REGINALD, , ,

Mailing Address 2113 W. TIOGA STREET

City  
PHILADELPHIA

State  
PA

Zip Code  
19140

Purpose of Disbursement  
GOTV CANVASSING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary     General  
 Other (specify) ▼

State:      District:

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4652  
Amount of Each Disbursement this Period

550.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PAYNE, REGINALD, , ,

Mailing Address 2113 W. TIOGA STREET

City  
PHILADELPHIA

State  
PA

Zip Code  
19140

Purpose of Disbursement  
GOTV CANVASSING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary     General  
 Other (specify) ▼

State:      District:

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4672  
Amount of Each Disbursement this Period

400.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

1550.00

TOTAL This Period (last page this line number only).....▶

NONPROFIT CORPORATION

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

21b    22    23    26    27  
 28a    28b    28c    29    30b

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NAME OF COMMITTEE (In Full)

DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial) <b>A. PAYNE, REGINALD, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2023	
Mailing Address 2113 W. TIOGA STREET			
City PHILADELPHIA	State PA	Zip Code 19140	
Purpose of Disbursement GOTV CANVASSING		FEC Identification Number C [REDACTED]	
Candidate Name		Transaction ID : SB21B.4695	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                      District:		Amount of Each Disbursement this Period [REDACTED] 400.00	
		<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) <b>B. THOMPKINS, MELISSA, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2023	
Mailing Address 5344 MORSE STREET			
City PHILADELPHIA	State PA	Zip Code 19131	
Purpose of Disbursement GOTV CANVASSING		FEC Identification Number C [REDACTED]	
Candidate Name		Transaction ID : SB21B.4689	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                      District:		Amount of Each Disbursement this Period [REDACTED] 300.00	
		<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) <b>C. THOMPKINS, MELISSA, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 16 / 2023	
Mailing Address 5344 MORSE STREET			
City PHILADELPHIA	State PA	Zip Code 19131	
Purpose of Disbursement GOTV CANVASSING		FEC Identification Number C [REDACTED]	
Candidate Name		Transaction ID : SB21B.4680	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                      District:		Amount of Each Disbursement this Period [REDACTED] 100.00	
		<input type="checkbox"/> Memo Item	
SUBTOTAL of Disbursements This Page (optional).....▶		[REDACTED] 800.00	
TOTAL This Period (last page this line number only).....▶		[REDACTED]	

20190308 10:21:10 AM

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

21b  22  23  26  27  
 28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. WISE, SHIRLEY, , ,

Mailing Address 5819 DICKENS AVENUE

City PHILADELPHIA

State PA

Zip Code 18143

Purpose of Disbursement GOTV CANVASSING

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2023

FEC Identification Number

C [ ]  
Transaction ID : SB21B.4675

Amount of Each Disbursement this Period

[ ] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WISE, SHIRLEY, , ,

Mailing Address 5819 DICKENS AVENUE

City PHILADELPHIA

State PA

Zip Code 19143

Purpose of Disbursement GOTV CANVASSING

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2023

FEC Identification Number

C [ ]  
Transaction ID : SB21B.4676

Amount of Each Disbursement this Period

[ ] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

[ ] 300.00

TOTAL This Period (last page this line number only).....▶

[ ] 225406.30

UNIONBOD : WB : LN : BN : UN : BN



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

21b    22    23    26    27  
 28a    28b    28c    29    30b

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NAME OF COMMITTEE (In Full)

DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

**A. PHILADELPHIA COUNCIL AFL-CIO PAC**

Date of Disbursement

MM / DD / YYYY  
11 / 21 / 2023

Mailing Address 22 S. 22ND STREET  
SECOND FLOOR

City PHILADELPHIA   State PA   Zip Code 19103

FEC Identification Number

C [ ]  
Transaction ID: SB29.4605

Purpose of Disbursement  
CONTRIBUTION

[ ]  
Category/  
Type

Amount of Each Disbursement this Period

[ ] 1000.00

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary    General  
 Other (specify) ▼

Memo Item

State:   District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

MM / DD / YYYY

Mailing Address

City   State   Zip Code

FEC Identification Number

C [ ]

Purpose of Disbursement

[ ]  
Category/  
Type

Amount of Each Disbursement this Period

[ ]

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary    General  
 Other (specify)

Memo Item

State:   District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

MM / DD / YYYY

Mailing Address

City   State   Zip Code

FEC Identification Number

C [ ]

Purpose of Disbursement

[ ]  
Category/  
Type

Amount of Each Disbursement this Period

[ ]

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary    General  
 Other (specify) ▼

Memo Item

State:   District:

SUBTOTAL of Disbursements This Page (optional).....▶

[ ] 1000.00

TOTAL This Period (last page this line number only).....▶

[ ] 1000.00

2025 RELEASE UNDER E.O. 14176

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line) PAGE 26 OF 26  
 FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)  
 DISTRICT 1199C NAT'L UNION OF HOSPITAL & HEALTH CARE EMPLOYEES POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 DISTRICT 1199C NUHHCE PAC, , , ,

Nature of Debt (Purpose):  
 CONTRIBUTION DEPOSITED INTO WRONG ACCOUNT FUND DISBURSED ND NOT AVAILABLE TO BE RE-PAID

Mailing Address 1319 LOCUST STREET

City PHILADELPHIA State PA Zip Code 19107

Outstanding Balance Beginning This Period 66686.00 Transaction ID : SD10.4133

Amount Incurred This Period 0.00 Payment This Period 0.00 Outstanding Balance at Close of This Period 66686.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 DISTRICT 1199C NUHHCE PAC, , , ,

Nature of Debt (Purpose):  
 CONTRIBUTION DEPOSITED INTO WRONG ACCOUNT FUNDS DISBURSED AND NOT AVAILABLE TO RE-PAY

Mailing Address 1319 LOCUST STREET

City PHILADELPHIA State PA Zip Code 19107

Outstanding Balance Beginning This Period 50000.00 Transaction ID : SD10.4135

Amount Incurred This Period 0.00 Payment This Period 0.00 Outstanding Balance at Close of This Period 50000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 DISTRICT 1199C NUHHCE PAC, , , ,

Nature of Debt (Purpose):  
 EXCESSIVE CONTRIBUTION REQUEST FOR REFUND MADE

Mailing Address 1319 LOCUST STREET

City PHILADELPHIA State PA Zip Code 19107

Outstanding Balance Beginning This Period 5200.00 Transaction ID : SD10.4136

Amount Incurred This Period 0.00 Payment This Period 0.00 Outstanding Balance at Close of This Period 5200.00

1) SUBTOTALS This Period This Page (optional).....	121866.00
2) TOTALS This Period (last page this line number only).....	121866.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	121866.00

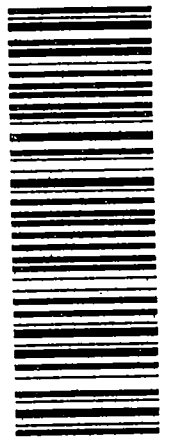
NON-UNION DISTRICT 1199C



**DISTRICT**  
**9996**  
 National Union of Hospital  
 Health Care Employees  
 AFSCME, AFL-CIO  
 1319 Locust Street  
 Philadelphia, PA 19107-5498

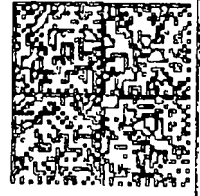
Press Correction Requested

1095 HEFT 1000 0142 2202



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 OF THE RETURN ADDRESS FOR DAT DOTTED LINE

Federal Election Commission  
 1111 First Street NE  
 Washington DC 20463



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 02/16/2024 ZIP 19107  
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US POSTAGE

NON-PROFIT ORGANIZATION

Federal Election Commission  
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date      Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<b>JPM</b> PREPARER (4/2023)	<b>2.21.24</b> DATE PREPARED

2025 RELEASE UNDER E.O. 14176